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ABSTRACT

Exploring how people create meaning from their personal experience is central to clinical practice, and is equally important in examining the development of the intern therapist's clinical skills. This study examined supervision session discussions and interns' accounts of their training experiences in order to understand how meaning and knowledge were developed through the supervisory interactions, how the interns viewed their roles and responsibilities in the supervisory process, and what the supervision session and interview text revealed about the supervisory context and clinical psychology as a community of practice. Findings were discussed from a synchronistic perspective in which the interrelationships among various excerpts of the conversations were examined. This allowed information about individual supervision contracts; the facility at which the training occurred was used as a contextual reference point and organizational foundation in the discussion. In examining the discourse of the supervisory "talk," the personal accounts of the interns and supervisors revealed their mutual construction of clinical knowledge and skill. The "storying" process through which understanding was achieved involved a "shift" and development of meaning as intern and supervisor exchanged text, but much of the mutual understanding involved social meaning, or meaning that was mediated by the supervisory context. Other findings of the study are discussed. (RJM)

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A Narrative Inquiry of Clinical Supervision in Psychology:

A Discourse Analysis of the Storying-Restorying Process

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ABSTRACT

Lave and Wenger (1991) suggested that knowledge and meaning emerge in a community of practice that facilitates the regeneration of its membership, and that the regulatory power of the professional community is sustained through the language of professional conduct. Language that functions in the reproduction of professional identity and power is discourse, and it is expressed in both spoken and written text (Parker, 1992). Clinical supervision discourse, then, is more than an organizational framework that characterizes the supervisory discussion. It is language through which understanding of clinical experience is developed, and in the process of supervision, the intern and supervisor "talk an institution into being" (Heritage, 1984, p. 290). This research examined clinical supervision through an analysis of supervision session discussions and interviews with interns. Issues that were explored included: understanding how clinical insight and technique were collaboratively developed in a process of storying and restorying clinical sessions; the interns' conceptions of themselves in relation to their roles in the supervisory relationship; and what the supervision and interview talk revealed about the supervisory context.

A Narrative Inquiry of Clinical Supervision in Psychology: A Discourse Analysis of the Storying-Restorying Process

Exploring how people create meaning from their personal experience is central to clinical practice, and is equally important in examining the development of the intern therapist's clinical skills. Supervised clinical training is a socially interactive process in which meaning and knowledge are negotiated as the intern and supervisor talk about therapeutic issues. Therefore, examining the language used in clinical training is central to understanding how insight and technique evolve during the supervision process. Additionally, because clinical supervision discussion involves using language as a means not only of talking about clinical supervision and the therapy session, but also of participating in clinical practice, examining how the supervision "talk" is used as a mode of clinical conduct is valuable in clarifying how practice and training merge with professional identity (Lave & Wenger, 1991). As such, a comprehensive examination of clinical supervision involves understanding both the internal dynamics of the supervisory relationship and the contextual framework within which supervision is situated.

Method

This study examined supervision session discussions and interns' accounts of their training experiences in order to understand how meaning and knowledge were developed through the supervisory interactions, how the interns viewed their roles and

responsibilities in the supervisory process, and what the supervision session and interview text revealed about the supervisory context and clinical psychology as a community of practice. The research participants were two supervisory dyads, each consisting of a primary supervisor and a clinical intern working with an adult population. Supervisory sessions that were audiotaped over a six-week period and audiotaped interviews with the interns provided the data for the study. In the semi-structured interviews, the interns discussed how their clinical knowledge and skill changed during the course of the study and how they viewed their role and function in the supervisory process. The audiotapes were transcribed and the text was reviewed so that areas sensitive to confidentiality and anonymity could be either deleted or coded. The research participants collaborated in the research by reviewing their own contribution and providing feedback (Middleton, 1993). In having the participants review the transcripts, they were able to ensure that their contribution was accurately represented and that the clients' interests were protected. The transcribed text was notated and analyzed via discourse methods (Potter & Wetherall, 1987). The texts were explored for: instances in the storying process during which meaning and knowledge were collaboratively developed through intertextual exchange between the speakers, language use that reflected the supervisory relationship and contextual influence, and discussion that revealed the interconnections between the participants and clinical psychology

as a community of practice.

Discussion of the Findings[1]

Clinical Psychology and a "turn to language"

Clinical practice involves "talk" about clinical issues. In the therapy session, the client and the therapist discuss personal experiences and the solution to problems. Similarly, the intern and the supervisor talk about their clinical experiences, and they collaboratively develop an understanding of the therapy session and other relevant issues. In negotiating a mutual understanding, the intern and the supervisor develop meaning and knowledge through a process of storying and restorying during which the story of a client may be restoried by the therapist so that the supervisor can begin to understand the therapeutic situation. In turn, the intern and the supervisor may construct yet another story, which may then become the basis through which other related issues are understood. Therefore, supervision involves talking and the storying-restorying process as the foundation of clinical experience and practice.

Parker (1990) recommended that a "turn to language" as a methodological basis in psychological research is a means of engaging research participants with their meaning and personal

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[1]This paper is based on a thesis manuscript, the original version of which contained lengthy excerpts of the supervision session and interview transcripts. Although the discussion developed in this paper includes reference to various excerpted material, descriptions and selected quotations are used rather than complete excerpts. Further information may be obtained from the author.

accounts. He further suggested that in adopting a "discipline of discourse," the examination of language as the central agent of personal experience and social relations reveals how individuals are both constituted by the use of language within a given context, as well as the constructors of their social context through the use of language. Given this perspective, the intern and the supervisor are agents of clinical discourse, and their supervision discussions are context-shaped, as well as context-renewing. In talking during the supervision session, not only do they create a mutual understanding of clinical issues, they also talk their profession "into being" (Heritage, 1984).

The Supervision Contract: Context and Agenda

The supervisory relationship is one of a "learning alliance" (Berger & Graff, 1995), and the particular specification of what the alliance involves is based on a contractual agreement. The purpose of the contract is to outline the "expectations and goals" (pg. 420) that the intern and the supervisor have of each other, and the provisions that are agreed upon in the contract become the basis of the supervisor's evaluation of the intern's clinically related conduct over the term of the supervision (Berger & Graff, 1995). In turn, the intern evaluates the supervisor on the basis of the issues outlined in the contract agreement that framed the dynamics of their supervisory relationship.

However, the conditions of the supervision format are also determined by a given training facility's program agenda. For

instance, the internship program at the research site in this study involved five types of supervision formats which varied in duration and focus. Additionally, both the treatment of clients and the training of the interns were influenced by the facility's overarching developmental perspective. Finally, as do the majority of clinical training programs, the organization of the facility as a clinical internship program adhered to the Boulder scientist-practitioner model. As such, the supervisory relationship and training context were interrelated via the supervision contract that was negotiated by the intern and the supervisor, and were also related to the facility's theoretical perspective and training program agenda. A comprehensive examination of the supervisory session and postinterview text, therefore, involved detailed knowledge of the context in which the supervision was conducted, as well as an understanding of the contractual agreement that was the basis of the supervisory relationship and the evaluation process.

The Supervision Contracts

Loganbill, Hardy, and Delworth (1982) described supervision as a complicated relationship involving attention to the therapeutic welfare of the client, and concern for the supervisees' clinical skill and knowledge, in addition to the evaluation of their work. In the previous section, it was argued that beyond an interpersonal teaching and learning relationship, supervision involves a contractual agreement that is embedded in an ecological system of contexts (Tochon & Magnusson, 1993).

Consistent with this perspective, the analysis of the session and interview texts revealed the pervasive organizational power of the supervision contract, and the terms of each dyad's contract as described by the interns will be discussed as a contextual point of reference from which much of the session and interview text, as well as the storying process, were understood.

Dyad One

The first intern talked about the supervision contract that he negotiated with his supervisor in terms of goals and expectations, but he prefaced his discussion with remarks about how the negotiations began when he "agreed to be in this setting," an acknowledgement of the structure of the training program that made it "inevitable" that he would become involved with that particular supervisor. Additionally, the goals that the intern set for himself in the training process were "limited to her style of supervision and therapy." In terms of his input, the goal of "constructive criticism" was likened to "salsa," and he "opted for strong" so that he could "sharpen some soft edges" and work on "blind spots" in his clinical skill. He characterized the relationship as "directive," and said that "it was really insight I was looking for from her." To this end, the supervisor was to be directive in the relationship, providing the intern with criticism of clinical and other "relevant" issues that affected his work.

This intern also wanted to learn the supervisor's style of conducting therapy so that he could develop a more directive

therapeutic approach and conduct briefer therapy sessions with clients. Part of the agreement he had with the supervisor was to have her model her style of therapy directly to him by "engaging" him as if he were a client. Overall, much of the supervision format was predetermined by the organization of the training program, and the supervisor's model of supervision and therapy. The intern's input involved his receptivity to constructive criticism, and his willingness to participate in the supervisor's model of therapy so that he could learn directive and brief therapy skills through a teaching and learning process that involved interactive modelling combined with didactics.

Dyad Two

The second intern negotiated a contract that was designed to "make the transition from student to professional." The goals that he outlined in his "letter," as opposed to the standard student contract form, regarding the supervisory contract included: participating as a "colleague" in a "less structured" supervision format, increasing his confidence through "self-talk," and integrating elements of a directive and brief therapy approach into his existing collaborative and "empowering" model. Although not expressed in relation to the developmental model of training that is often the organizational foundation of internship programs, the intern negotiated many elements of what has been described as "junior" colleague status in the final stage of internship training (Astor, 1991).

Insight and Change

Both interns talked about how their knowledge and skill changed during the course of their internship supervision. Each intern also described the changes in relation to the conditions in their supervision contract. Given that their contracts differed in terms of the format of supervision and personal goals, it is not surprising that the changes they reported were of quite different types. However, there were also similarities that seemed to be related to one goal that was shared by the interns, and to their stage in the training process. They both began to use briefer therapeutic methods, as per their common supervision contract goals, and both talked about successfully integrating various clinical skills, a major focus of the intern stage of training in the preparation for transition to professional practice.

Intern One

The first intern talked about how his style of conducting therapy had changed from a predominantly client-centred approach to one which involved a directive model that included "collaborating with the client in setting goals." In doing so, the intern reported that he remembered specific moments of professional insight during which he said to himself "Oh that's a good way of doing that!" He recalled that he communicated with the client in much the same way that the supervisor did with him in the course of her "modelling" and "labelling" during the supervision sessions.

This intern also described personal insights and "emotive" experiences that developed during the supervision discussions about "risk" that he "wouldn't be thinking about unless asked." This is consistent with the relationship contract that the dyad negotiated, given that the intern was looking to the supervisor for insight in the process of her constructive criticism of his "blind spots." It is also consonant with Berger and Graff's (1995) description of the "learning alliance" in the supervisory relationship in which the supervisor facilitates the student's recognition and understanding of personal issues that have the potential to affect the therapeutic process.

Intern Two

The second intern reported, as did the first, that he began using a more directive style in his clinical practice, although he said that the change involved "integrating" the directive and brief therapy components with what remained to be his preferred style of client-centred "empowerment." Additionally, this intern described a "shift" in his perception of the supervisor's role, saying that he no longer relied on the supervisor for solutions to therapeutic problems. He described becoming "growth oriented rather than problem oriented," adding that it was "not a coincidence" that he was "more solution-focused" in both his work with clients and in supervision, given that his intention was to make the transition from student to professional status. Similar to the changes described by the first intern, it appeared that the character of the second intern's supervision format was

mirrored in his therapeutic format. However, the second intern talked about how the changes over the course of the supervision were less related to developing clinical skill and knowledge, than were related to his participation in an unstructured and more collegial supervisory relationship. He also said that his confidence had increased, and that the general focus of the supervision was related to professional development issues and his preparation for an academic post upon completion of the training program.

Roles and Responsibilities

The interns' discussions of their roles and responsibilities in the supervisory process were quite different. Although both agreed that part of their roles involved talking about difficulties they were having in conducting therapy with clients, other aspects of the contracted relationship with their supervisor were apparent in the description of each intern's sense of how he functioned in relation to his supervisor. In each intern's discussion of his role in the training process, he also talked about his perceptions of the corresponding role played by his supervisor.

Intern One

The first intern said that his "stated function" and "purpose" in learning in supervision was to "receive learning and criticism," as drawn up in the "initial negotiations" in the contract. He discussed the supervisor's role in terms of her helping him to "elicit" or "distil" what he was to learn from his

"ramblings" during the supervision session. He said that in the process, his responsibility was to be sure that the time was used to "good effect," and in doing so, that he engaged in "self-evaluation" to determine what he felt he needed or lacked. He also talked about developing insight into "taking risk" in dealing with "uncomfortable" material in his roles as both supervisee and therapist, and the supervision session discussions often revolved around the goal of exploring "feeling issues" and "risk." Given this, the roles and responsibilities of the intern and his supervisor did not develop haphazardly, instead being explicitly outlined as part of the directive and collaborative contractual relationship.

Intern Two

The second intern discussed his role in supervision primarily as it related to his confidence in dealing with problems in his therapeutic relationship with clients. He talked about "bringing to the supervisor's attention" issues with which he was "struggling," and it seemed to be consistent with his "solution-focused" approach to both supervision and therapy. Additionally, when he talked about his role in the supervision of practicum students, he discussed "trusting" that the student would identify problematic issues that they had with clients so that they could "collaboratively" work them through in supervision. He also said that he felt it was his obligation to "bring to" the facility administration's attention any concerns he had that were related to the service of the client or facility

operations. As such, this intern described assuming an active role in the resolution of problems related to the service and training programs, consistent with his contractual goal of collegiality and professionalism.

Storying in the Supervision Sessions

The analysis of the supervision discourse and the storying process between the interns and their supervisors revealed the dynamics of their interpersonal relationships as they engaged in a collaborative understanding of clinically related issues. However, in the following discussion of the storying process and their social interaction, the interview text and the interns' description of their supervision contracts will be used as a point of contextual reference. As seen from the discussion in the previous sections, the supervision contracts involved elements that framed the content and process of the supervision session in relation to the interns' sense of their roles, functions, and responsibilities, as well as those of the supervisors. Additionally, the interns' talked about the changes in their clinical skill and knowledge in terms of the contracted supervisory relationship, and the contracts also involved aspects of the internship training model that regulated the conduct of the participants in the supervisory process. As such, in order to understand how the interns and supervisors developed meaning and knowledge in the storying-restorying process, the supervision "talk" was examined in terms of the way that language functioned to "shift" the meaning that evolved, as well as studied for

language use that reflected meaning that was both context-shaped and context-renewing.

Dyad One

The first intern described the supervisory relationship as directive and collaborative, and he said that he was "looking for insight" into his "blind spots" in the supervisory relationship. He talked about the model that the supervisor "advocated" as one that involved identifying problems, "labelling" feelings, and focusing on choices and coping strategies. The excerpted text illustrated the supervisor "engaging" him as if in a therapy session, during which she moved between "modelling" the therapeutic process and didactically explaining what she did and how to apply it in therapy. As such, the supervisor actively immersed the intern in a storying-restorying process in which she conveyed to him her knowledge about the therapy model through social interaction in order to facilitate his understanding of what it involved. In this sense, the supervisor "directed" the course of the storying-restorying with the intern. However, the storying process involved the collaboration of the intern, as his "ramblings" and descriptions of the therapy session with the client contributed the experiential basis upon which the understanding of both the model and the intern's experiences were developed.

The directive nature of the supervisory relationship was evident in the storying process in several ways, and the supervisor directed the content and path of the discussion early

in the session. For instance in the first excerpt she reminded the intern that one of his "issues" was to talk "in terms of feelings," and their discussion continued in that vein. Additionally, the supervisor often determined the course of the supervisory talk through her management of turn-taking. That is, she 'moved' into the talk, evidenced by the transcription notations of "=" and "[ ]" in the text. The following example involves a series of rapid breaks between the speakers during which the supervisor and intern restoried his sense of personal growth as "slow and gradual" interspersed with "Aha" experiences. She interjected the term "peaks," and the intern disagreed "...but they are=a little bit up and up...they're mini plateaus=plateaus, yeah." The supervisor introduced the term "plateaus," and once the intern accepted that conceptualization, it meshed into the continued storying process. Other instances during which the intern adopted the supervisor's language and interpretation appeared in the text. For instance, his "anxiety" became her "generalized" emotional state that hides specific feelings, which the intern expanded into the notion of "different degrees of anxiety," and so on.

More complex examples of restorying were revealed in the session excerpts. The intern described his approach to therapy with the client: "one thing I'm trying to do is to...move him into sort of looking at his feelings partly because...he has feelings about things but it's sort of vague...he's not, he goes on to talk about thinking-things." This is very much like the

supervisor's opening remark to the 'supervision-therapy' session in which she asked the intern to shift from his "practical" talk to "feelings" talk, and is also similar to the subsequent discussion about a "generalized" emotional state, which is similar to the intern's use of "vague" in describing the client's story. After the intern completed his initial description of the therapy session, the supervisor reinterpreted the client's problem as his having feelings, but in relation to those of other people, and that the client's reaction to other people's feelings was "embarrassment." The intern adopted the supervisor's story of the client and carried it into his interpretation of the case, as seen in "...he's got a few things...a little embarrassment..."

After the intern and the supervisor viewed some of the therapy session tape, the supervisor asked him about his feelings during the session, and the intern discussed feeling "anxiety" and "tension," adding that he felt that he was "tentative" in his handling the case. The supervisor interrupted the intern's story of the session, and storied what he did as "a feeling intervention." Taking in the intern's characterization of the therapy session as "tense," the supervisor continued restorying the client's issue in terms of "criticalness," and told the intern how she would handle the case by using the "tenseness" and "critical" feelings. After further discussion about what the intern should do in therapy, the supervisor talked about the thematic relationship between the intern's 'supervision session-therapy' and that of the client. The intern's last remark

reiterated the new interpretation of the case as it was developed in the supervision discussion, using the language that emerged in the storying-restorying process.

Dyad Two

The collegial quality of the supervisory relationship in the second dyad was apparent in the storying process. The turn-taking of the talk between the speaker's involved a balanced interaction during which the intern 'broke' into the supervisor's conversation, and likewise the supervisor moved into the intern's speech. The intern described their relationship as "close to," or "almost collegial," but he acknowledged that the collegial quality was not entirely possible because he was "still a student" in the relationship. This was evident at times during the storying interaction, particularly so when the supervisor assumed a more directive position in discussions that related to the intern's supervision goals. Additionally, although the intern often introduced the content and focus of the talk, the supervisor reoriented the discussion so that issues of "self-talk" and confidence or professional growth were emphasized. As such, the goals and expectations of the supervision contract appeared to frame the conversational relationship, and likewise, the course of the supervision discussion.

In the first excerpt the intern talked about the status of an ongoing therapy case. After he finished, the supervisor made a brief remark about what he thought the relevant issue might be in the case, and the intern responded in agreement, followed by

the supervisor's break into the intern's utterance which completed the intern's response. Following this, the supervisor directed the intern's attention to "...what you learned..." during a group presentation. As the intern described his experience, the supervisor interrupted the intern's story and asked him to talk about the presentation in terms of his self-talk, one of the goals outlined at the beginning of the supervision rotation. The supervisor reoriented the intern's story once again, and told him what he "heard" in the story, at which point the intern broke into the supervisor's remarks with an acknowledgement of the supervisor's interpretation.

The excerpts from another session involved the intern's bringing to the supervisor's attention a case that he had not yet "figured out." As the intern talked about what he felt might be the problem in the situation, the supervisor interrupted the flow of the intern's conversation to offer an alternative understanding of the client's situation. The intern offered a "hypothetical" interpretation of how the supervisor would manage the case, and the supervisor entered into the intern's remark and completed talking about his understanding of the client's problem. At the end of their storying of the case, the intern talked about how his interpretation of the case had changed from the initial assessment of "easy," to a new understanding that it was "tricky" and much more complex.

In the final session excerpts, the intern told the supervisor that he had accepted a tenure-track position, after

which he talked about a client he started working with the week before. The intern introduced the topic of his self-talk made during his discussion with the client about which counsellor would be best suited to work with her. The intern told a story about "tooting" his horn in the process, and "joked" about possibly "manipulating" the client as she made her decision. The supervisor restoried the interpretation of manipulation into an issue of instilling confidence, which the intern restoried as "persuasion." The supervisor accepted the terminology of persuasion, but qualified it by talking about the element of honesty in the intern's representation of himself.

Storying in Context

The storying-restorying process during the supervision sessions was framed by the supervisory context in which the interns and supervisors' discussions took place. Beyond the requirements and constraints of the internship training program at this research site, that context involved the individual supervision contracts which outlined the goals and expectations upon which the supervisory process was based. Likewise, the roles and functions of the participants were established through the supervision contracts, and both the content[2] and the process

[2]"Content" and "process" involve meanings which, depending on the context in which they are used, generally relate to, in the former case, what topics and issues are discussed, and, in the latter case, the series of actions that occur. However, "process" may also involve the sense of relationship patterns in social interaction, and the use of "process" in this discussion involves not only the sequencing of activity, but also the interactants' relationship patterns.

of the supervision talk were related to the supervisory context. As such, the storying process was shaped by the participants' roles as outlined by the supervision contracts, and that, in turn, fortified the preordained supervisory relationship dynamics.

The first dyad's "directive" supervision format organized the manner in which the intern and supervisor collaboratively developed meaning and knowledge through their supervisory talk. According to the intern, they negotiated a contract in which he agreed to "receive learning" and "insight" <u>from</u> the supervisor as she modelled and taught her style of supervision and therapy. The storying process was largely dependent on the supervisor's direction of what was discussed, what language was used in the process of mutual understanding, and, to a large extent, the order and frequency of the speakers. The intern described this as a good learning experience in which he developed personal and professional insight, learned to apply the directive and collaborative model in his work with clients, and comfortably integrated his new skills into his overall clinical training experience.

The storying process of the second dyad involved interpersonal dynamics that were "non-directive" and less structured than the first. Based on a contract of collegiality, the storying between the intern and supervisor involved more initiative action by the intern, although the supervisor oriented the discussion to goal related issues at several turns in the

talk. The intern described his primary goal in supervision as "the transition from student to professional status," and the duality of the intern's role as both student and junior colleague was evident in the storying process. For instance, the intern and the supervisor talked about self-talk and confidence in relation to the intern's participation in a group presentation, as well as other professional issues. However, consistent with the intern's reported role in the supervisory process, he brought to the supervisor's attention client-related issues that he had not yet "figured out" so that they could work out a solution to the problem together. As such, the storying process involved both collegial and directive dynamics, and, as in the first dyad's supervision interaction, the content and process of the session-talk was contextually influenced.

Storying in the Interviews

The storying-restorying that occurred in the postinterviews involved intertextuality through which not only mutual understanding evolved, but also involved the interns' increased awareness and development of "voice" regarding their clinical training experiences. Early in the interview, the first intern talked about how the supervisor facilitated his development of insight regarding risk in that he "...wouldn't be thinking about that unless asked." Similarly, at a later point in the interview I asked him to talk about his preferred style of supervision, and he outlined three elements that he felt contributed to "persuasive" learning experiences, "...I don't know, I never

really thought of that myself...less consciously than now, those have been criteria for what good supervision's been." As such, talking to me about what he thought was involved in "good" supervision facilitated an increased understanding of what his training experience had been. During the second postinterview, I asked the second intern to talk about his experience as a participant in this research project. He said that the exchange of questions and answers during the interview "benefitted" him because the questions were "thought-provoking," and that as he worked some of them out they were "...insights that I'm developing as I'm talking to you." The development of insight and knowledge in the storying process, then, may also involve minimal active exchange between speakers. As seen in these excepts, in response to the idea introduced by the question, the storying that the interns engaged in involved a self-reflexive process that facilitated their personal insight as well as the emergence of shared meaning.

The Supervisory Context Revealed through Text

The supervision session and interview text revealed information about the supervision context, the dynamics of the supervisory relationship, and the interns' experiences in clinical training and practice. A summary of some of the issues that were evident in the excerpted text will be discussed in terms of the interrelationships between various sections of the transcribed text, and in reference to the relevant literature and ideas developed earlier in this research report.

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Supervision training

Both interns talked about the various kinds of supervision styles that they experienced in the course of their training. The first intern described the "talk" and "walk" in supervision that he found to be very "persuasive" in his understanding of how to conduct therapy, and he talked about a quality of "personal relevance" that conveyed to him a "conception of why it is helpful for a client." This is consistent with Mollon's recommendation for training in personal observation and personal interaction (Pilgrim & Treacher, 1992), and the supervision model of the first dyad which captured those elements was, in the intern's estimation, "a good supervision."

However, personal observation of the supervisor actively engaging in clinical practice is not often a negotiable issue in the supervision contract. Pilgrim & Treacher (1992) noted that many supervisors are reluctant to have their therapeutic or supervisory sessions observed, and the second intern reported that "...it's been very hard to get supervisors who are willing to do work, while you observe them." Pilgrim and Treacher (1992) suggested that allowing themselves to be observed in their work would encourage clinicians' self-awareness, and would contribute to the understanding of the complexities involved in the teaching and learning process. Consistent with this, the therapist who participated in Gale's (1991) conversational analysis of a solution-focused therapy session reported that in doing so, he was able to "...see my work through someone else's eyes...and to

learn something new about it."

The lack of an opportunity to observe the supervisor in the process of supervision, the intern's personal experiences in training not withstanding, leaves interns in a disadvantaged position when they begin to supervise students themselves. That is, there is little difference between learning as a supervisee and learning as a supervisor in the internship supervision. Hart (1982) reported that inexperienced supervisors tend to model their supervisory style in terms of their previous supervisor's approach to supervision. Although this is similar in process to the intern's development of therapeutic technique, and as such, supervisory training is learned in the same manner and context as therapeutic training, there is little specific emphasis on training supervisory technique. Additionally, supervision training is not often a structured focal point in the internship training program, and the intern may receive little feedback regarding how the supervision was conducted. The interns who participated in this study each reported minimal experience in giving supervision, and neither said that they were given helpful supervision or constructive feedback of their work in the process. As Hart suggested would be the case, both of the interns used the same supervision format as the one in which they were participating with their primary supervisor during their final supervision rotation, an illustration of Lave and Wenger's (1991) conceptualization of the "regenerative power" related to participation in a given community of practice.

Evaluation Issues

Grimshaw (1989) described institutionalized interactions as relationships of "superordination-subordination" which generate expectations of deference and compliance by the subordinate, and Astor (1991) described an inhibitory effect related to the evaluation process in supervised training. The second intern talked about his experiences in his evaluation of the supervisory process, and he said that the "intent is maybe admirable," but that it was related to a "function of the difference in power." Although he reportedly "tried" to provide a degree of "honest" feedback, he said that, nonetheless, "...I hold it back." Regarding the inhibitory effect of the institutional context and standard evaluation procedures in the supervisory process, Astor (1991) cautioned that neither interns nor supervisors may be aware of how their relationships are tacitly delimited. However, supervisees may be more aware of issues related to "evaluation apprehension" (Berger & Graff, 1995), and part of supervisors lack of awareness may be related to supervisees self-protective and inhibited expression regarding sensitive issues in the supervisory relationship.

Power in Clinical Relationships

The interview discussion with the second intern revealed that he was aware of the "superordination-subordination" (Grimshaw, 1989) relationship differential in the supervisory relationship, and that he was also aware of its effect in therapeutic practice. He talked about trying to be sure that the

therapeutic relationship was "empowering" to the client, but added that "...you can't do that completely because no matter what, you're an authority figure..." He suggested that one way to alleviate the power differential in a clinical relationship, whether therapeutic or supervisory, is to expressly "contract for" how the relationship was to be structured.

The second intern also discussed the category of "uses humour" in the evaluation protocol, and he said that he didn't use humour in the supervision session because he was aware of the power differential in the supervisory relationship. However, in the last supervision session, after he told the supervisor that he secured a tenure-track position, he used humour in his discussion of self-talk and "tooting" his own horn, "...But then, I guess that's what we do, don't we? [ ] THAT'S A JOKE!" It may be coincidental, but the intern talked in terms of his personal identification with clinical psychology as a community, using the term "we," after achieving professional status vis-a-vis the position at a university, and in the process, he apparently felt comfortable enough to introduce his sense of humour into the discussion.

Importance of the Brief Therapy Model

Cummings (1994) suggested that clinical practice will increasingly become part of the "megameds," (p. 7) or managed care models, and that training programs will focus on preparing interns in integrative therapy models that are effective and efficient. Both interns talked about the importance of learning

to conduct brief and solution-focused therapy in their final stage of training as a preparation for professional practice. Moreover, this was formally emphasized as part of their training contract, and may be indicative of an awareness within professional clinical psychology of the need to adjust internship training programs to accommodate changing social and economic conditions.

The first supervisor talked about her understanding of the intern's anxiety about planning for the future because "psychology" was no longer offering the "security" of a "career path," and she emphasized the importance of finding "another source of security...and it has to be in your ability, too." The second intern also talked about the issue of increasing changes in clinical practice health care delivery, which he said were related to an emphasis on "accountability" and the "demands on us now, to do it quicker." He talked about how he began to feel comfortable with using the "managed care model" because it helped him to "move to the core issues" quickly, and was therefore beneficial to both the client and himself.

Summary of the Findings

The findings of the study were discussed in terms of the research focus on the development of clinical knowledge and skill, the participants' roles and function in the supervisory context, and the contextual information that was revealed in the session and interview texts. In the discussion, a synchronistic perspective was developed in which the interrelationships among

various excerpts were examined. In doing so, information about the individual supervision contracts and the facility at which the training occurred was used as a contextual reference point and organizational foundation in the discussion. Specific issues raised by the interns in the postinterviews were related to other session and interview excerpts, as well as to the relevant literature and theoretical arguments.

Summary and Conclusion

Summary

This narrative inquiry of clinical supervision presented a discourse analysis of the storying-restorying process engaged in by two interns and their supervisors during the final rotation of their internship training. The research focused on the development of clinical knowledge and skill that were developed as the interns and supervisors talked during the supervision sessions, how the interns perceived their roles and functions in relation to the supervisory process, and what the supervision session and interview text revealed about the supervision context and the supervisory relationship.

The Supervisory Context

A comprehensive examination of clinical supervision requires an understanding of the history of professional clinical practice. Most clinical internship programs are founded on the 1949 Boulder scientist-practitioner model which regulates the course of clinical training in North America, and the format of supervised clinical training is structured according to the

practitioner component of the Boulder model. Additionally, particular aspects of a given facility training agenda are organized according to therapeutic theoretical models that further regulate the training protocol. Finally, the intern and supervisor often negotiate a supervision contract in which the goals and expectations of each member of the supervisory dyad are outlined. Over the course of the supervision period, the supervisor evaluates the intern's work, and much of the evaluation is based on the terms of the supervision contract. As such, the supervisory context involves a network of training regulations that influence the supervisory process and the relationship that develops between the intern and the supervisor. Even before the intern and the supervisor negotiate the terms of supervision, many aspects of the supervisory structure and process are predetermined by virtue of the training model and a given facility's operational mandate.

The supervisory context is complex, and it is the foundation of the supervisory relationship, but the relationship is no less intricate, because it involves issues and concerns related to the therapeutic welfare of the client, and the development and evaluation of the supervisee's work. Caligor (1981) suggested that the primary teaching and learning process in training may be tacitly mediated by the evaluative component of the supervisory relationship, and Astor (1991) suggested that the intern and supervisor's relationship to clinical psychology as an institution further implicitly influences the supervisory

training process. Therefore, an examination of clinical supervision requires inquiry methods that are not only suited to what actually goes on between the intern and the supervisor during the training, but are also sensitive to the "invisible" (Astor, 1991) interpersonal and institutional constraints that moderate the supervisory process.

Supervision Discourse

Clinical supervision involves a "traffic in words" (Fortugno, 1991) through which the intern and supervisor collaboratively develop an understanding about the client and related clinical issues. The talk that organizes and conveys the meaning and knowledge in the supervisory process is "discourse" (Parker, 1992), and because the meaning that is negotiated through discourse is contextually dependent, the language that is used not only constructs the understanding of clinical experience and the dynamics of the supervisory relationship, it also reflects the structure and organization of the context within which it is used. Hoshmand and Polkinghorne (1992) advocated "practice-based inquiry" in order to understand the development of skilled clinical technique, and Parker (1992) suggested that a "turn to language" and discourse analysis are the means of understanding the personal account of individuals' experiences, as well as a vehicle for personal agency and the facilitation of "voice" in understanding how clinical practitioners understand themselves.

The Focus of the Research

The interns and their supervisors engaged in discussions during the supervision sessions, and in the process they developed a mutual understanding of the interns' work in their therapeutic sessions, in addition to personal and professional issues that were related to clinical practice. The supervisory talk involved an interactive exchange of information and personal accounts, and a storying-restorying process developed. That is, the intern and supervisor constructed and reconstructed personal and social stories (Connelly & Clandinin, 1990) as they negotiated a mutual understanding of the training issues.

The storying processes between the participants in this study were analyzed in terms of the discourse used as they collaboratively constructed clinical skill and knowledge. Additionally, the interns' personal stories during postinterview sessions were examined in order to understand how the interns' viewed their participation in the supervised training process. Finally, the supervision session and interview texts were synchronistically analyzed as a means of developing a comprehensive contextual grounding as a reference point from which the textual excerpts were understood.

The Development of Clinical Skill and Knowledge

The interns talked about how their skill and knowledge changed over the course of the supervised training, and in each case, the changes were related to the goals and expectations that the interns outlined in their supervision contracts. They

described adopting a more directive and solution-focused therapeutic style, and also said that they had comfortably integrated their new therapeutic technique into their overall clinical skill and knowledge. For each of them, the style of therapy that they used in their clinical work during the final supervision rotation mirrored the style of supervision in which they were engaged at the time.

The first intern also discussed the development of personal and professional insight, and he related the experience to the supervisor's style of conducting supervision. This involved a socially interactive format in which the intern was "engaged" as if "a client in therapy," during which the supervisor demonstrated and didactically explained the therapy model she advocated, in addition to facilitating the intern's learning and insight as they discussed his personal experience in the sessions.

The second intern talked about the "transition from student to professional" as the primary change that he experienced during his supervised training, and this was related to a supervision format that was less structured and "collegial" in nature. He also discussed changes in his level of self-confidence in his work, and said that he felt the changes were consonant with his overall focus on professional development as he prepared for independent and professional work in an academic environment.

Role and Function

The interns described their roles and responsibilities in the supervisory process in terms of self-evaluation of their training and supervision needs. This involved making the supervisor aware of clinical issues with which they needed help, and in the process, preparing what they needed to discuss for the supervision session. The first intern participated in a "directive" supervisory relationship, and as such, he talked about his responsibility in determining what he needed to learn, as well as being receptive to the supervisor's criticism of his work in the interest of his "sharpening the edges" and working through the "blind spots" in his clinical practice. The second supervisory dyad participated in a non-directive and collegial supervisory relationship, and beyond approaching the supervisor for help in "problem solving" issues about which he was not sure, the intern described a responsibility to the client and the facility administrator in identifying potential problems in the service of the clients.

The Supervision Context

The analysis of the supervision session and interview text revealed aspects of the training format and the facility's therapeutic and training model that influenced the supervisory relationship. However, the supervision contract that was negotiated between each intern and his supervisor not only reflected the institutional and training protocol, but was also influential in establishing the supervisory relationship and the

intern's roles and functions in the supervisory process, and it provided the structural basis in the development of skill and knowledge throughout the term of the supervision.

Conclusion

This study examined the language used in clinical supervision and practice. In examining the discourse of the supervisory "talk," the personal accounts of the interns and supervisors revealed their mutual construction of clinical knowledge and skill. The storying process through which the understanding was achieved involved a "shift" and development of meaning as intern and supervisor exchanged text, but much of the mutual understanding involved social meaning, or meaning that was mediated by the supervisory context. By virtue of the intern and supervisors' coparticipation in the training process, then, the supervisory talk was both context shaped, as well as context renewing, and the process through which clinical psychology as a profession was both created and maintained. In preparing the intern for the transition from student to professional status, the final stage of supervised training involves the integration of the skill and knowledge developed throughout the training program. A "pratice-based" (Hoshmand & Polkinghorne 1992) inquiry of this stage of professional development not only focuses on an intricate point in the individual intern's training process, it also examines the dynamic interplay between creating and maintaining professional clinical psychology as a community of practice.

In conducting this narrative inquiry of clinical supervision, the participants collaborated in the research project by contributing their direct experience of the teaching and learning process. This study, therefore, contributed to the development and synthesis of research and practice in two ways. First, Mollon (cited in Pilgrim & Treacher, 1992) raised questions about the balance between learning from research, and learning from experience in clinical training. This project offered an opportunity to "learn" directly from the participants' teaching and learning experience, in a sense merging learning from research with learning from experience in clinical training. Second, the research approach involved an empowering relationship in which the voices of the participants were valued as the focus of the inquiry. Hoshmand and Polkinghorne (1992) advocated "practice-based" narrative inquiry as a way to understand how language is used in the development of knowledge in skilled clinical technique, and this narrative inquiry of the storying process in clinical supervision examined the Boulder training model at its conceptual foundation, incorporating the voices of the professionals for whom it is intended to serve.

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